

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	10						61				
12	10						62				
13	10						63				
14	10						64				
15	10						65				
16	10						66				
17	10						67				
18	10						68				
19	10						69				
20	10						70				
21	10						71				
22	10						72				
23	10						73				
24	10						74				
25	10						75				
26	10						76				
27	10						77				
28	1						78				
29	1						79				
30	1						80				
31	3						81				
32	3						82				
33	3						83				
34	3						84				
35	3						85				
36	3						86				
37	3						87				
38	3						88				
39	3						89				
40	1						90				
41	1						91				
42	1						92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	1						99				
50	1						100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				